

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (If known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

MICHAEL

First name

RAY

Middle name

COX

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

SARAH

First name

LACEY

Middle name

COX

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 0 1 2 5

OR

9xx - xx - ____

xxx - xx - 9 6 0 0

OR

9xx - xx - ____

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

5. Where you live

2606 16TH AVE CT SW

Number Street

PUYALLUP, WA 98371

City State ZIP Code

PIERCE

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing *this* district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☐ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☒ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☒ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X *Michael R Cox*

Michael Ray Cox, Debtor 1

Executed on 02/24/2025

MM/ DD/ YYYY

X *Sarah Cox*

Sarah Lacey Cox, Debtor 2

Executed on 02/24/2025

MM/ DD/ YYYY

Debtor 1
Debtor 2

MICHAEL
SARAH

First Name

RAY
LACEY

Middle Name

COX
COX

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/S/ MARK CHARLES MCCLURE

Signature of Attorney for Debtor

Date **02/24/2025**

MM / DD / YYYY

MARK CHARLES MCCLURE

Printed name

LAW OFFICE OF MARK MCCLURE, PS

Firm name

1103 W MEEKER ST 101

Number Street

KENT

City

WA

State

98032

ZIP Code

Contact phone **(253) 631-6484**

Email address **MARK@MCCLURELAWGROUP.COM**

24393

Bar number

WA

State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Washington</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 2606 16th Ave Ct SW,
Puyallup, WA
Street address, if available, or other description
2606 16th Ave Ct SW
Puyallup, WA 98371
City State ZIP Code
Pierce
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: Purchased 2018 for \$630,000

Source of Value: zillow.com as of 1/9/2025

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,100,000.00

Current value of the portion you own?

\$1,100,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$1,100,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: Jeep Who has an interest in the property? Check one.Model: Cherokee SportYear: 2014Approximate mileage: 170000

Other information:

needs a transmission.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
\$4,500.00Current value of the portion you own?
\$4,500.00

If you own or have more than one, describe here:

3.2 Make: Honda Who has an interest in the property? Check one.Model: 50Year: 2022

Approximate mileage: _____

Other information:

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
\$400.00Current value of the portion you own?
\$400.003.3 Make: Chevrolet Who has an interest in the property? Check one.Model: Suburban PremierYear: 2018Approximate mileage: 106000

Other information:

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
\$28,000.00Current value of the portion you own?
\$28,000.004. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories☒ No☐ Yes

4.1 Make: _____ Who has an interest in the property? Check one.

Model: _____

Year: _____

Other information:

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
_____Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$32,900.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.**See Attached.****\$5,000.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.**Home electronics****\$1,500.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.**sporting equip / bicycles****\$200.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.**Firearm (wife)****\$200.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.**Clothing****\$300.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.**Jewelry****\$500.00**

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.**senior dog; cat****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$7,700.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes Cash:**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

Chase as of 2/21/2025

17.1. Checking account:

Account Number: 5134**\$725.90**

17.2. Checking account:

Red Canoe Credit Union balance as of 2/21/2025**Account Number: 0200****\$78.20**

17.3. Savings account:

Chase as of 2/21/2025**Account Number: 3116****\$8.10**

17.4. Savings account:

NASA Federal Credit as of 2/21/2025**Account Number: 9603****\$0.00**

17.5. Savings account:

Red Canoe Credit Union balance as of 2/21/2025**Account Number: 0000****\$0.17**

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

BAMS12 Enterprise Inc.**100.00%****Negative book value -\$700k****\$0.00****K&M2020 LLC (Real Estate Holding Company)****100.00%****%1 interest in net value of real estate located at: 2001 S 12th St, Tacoma, WA 98405****Tax Assessed value: \$192k Actual Value: \$450k? Private****DOT from Seller, about \$280k Net approximately: \$170k.****1%= \$1,700****\$1,700.00****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☐ No☒ Yes. Give specific information about them.....

Issuer name:

J.P. Morgan Chase #9603**\$51.78**

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____

Pension plan: _____

IRA: _____

Retirement account: _____

Keogh: _____

Additional account: _____

Additional account: _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	_____
_____	_____
_____	_____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

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26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

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27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

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Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.**2024 Tax Refund**

Federal:

\$10,441.00

State:

Local:

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☐ No☒ Yes. Give specific information.

See Attached.

\$4,405.85

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

**\$17,411.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.

41. Inventory

- ☒ No
☐ Yes. Describe.

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific
information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**\$0.00****Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes**48. Crops—either growing or harvested**☒ No☐ Yes. Give specific
information.

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes50. **Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes51. **Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific
information.52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here****\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above53. **Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific
information.54. **Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8:** List the Totals of Each Part of this Form55. **Part 1: Total real estate, line 2****\$1,100,000.00**56. **Part 2: Total vehicles, line 5** **\$32,900.00**57. **Part 3: Total personal and household items, line 15** **\$7,700.00**58. **Part 4: Total financial assets, line 36** **\$17,411.00**59. **Part 5: Total business-related property, line 45** **\$0.00**60. **Part 6: Total farm- and fishing-related property, line 52** **\$0.00**61. **Part 7: Total other property not listed, line 54** + **\$0.00**62. **Total personal property.** Add lines 56 through 61.**\$58,011.00**

Copy personal property total

+ \$58,011.00

Debtor **Cox, Michael Ray; Cox, Sarah Lacey**

Case number (if known) _____

63. **Total of all property on Schedule A/B.** Add line 55 + line 62.

\$1,158,011.00

Continuation Page

6.	Household goods and furnishings	
	<u>Appliances</u>	<u>\$1,500.00</u>
	<u>Household furnishings</u>	<u>\$3,000.00</u>
	<u>Yard tools / hand tools</u>	<u>\$500.00</u>
35.	Any financial assets you did not already list	
	<u>Estimated back wage loss benefit from L&I - estimated</u>	<u>\$4,400.00</u>
	<u>L&I wage loss ongoing / potential PPP or Pension</u>	<u>unknown</u>
	<u>Paypal - H as of 2/21/2025</u>	<u>\$0.00</u>
	<u>VENMO - W as of 2/21/2025</u>	<u>\$5.85</u>

Fill in this information to identify your case:

Debtor 1 Michael Ray Cox
First Name Middle Name Last Name

Debtor 2 Sarah Lacey Cox
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>2606 16th Ave Ct SW, Puyallup, WA</u> <u>2606 16th Ave Ct SW</u> <u>Puyallup, WA 98371</u>	<u>\$1,100,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.13.030(b)</u> <u>(Allocated: \$567,800.00)</u>
Line from <i>Schedule A/B</i> : <u>1.1</u>			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Debtor 1 Michael Ray Cox Case number (if known) _____
 Debtor 2 Sarah Lacey Cox
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>2018 Chevrolet Suburban Premier</u> Line from Schedule A/B: <u>3.1</u>	<u>\$28,000.00</u>	<input checked="" type="checkbox"/> <u>\$16,555.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Brief description: <u>2014 Jeep Cherokee Sport needs a transmission.</u> Line from Schedule A/B: <u>3.2</u>	<u>\$4,500.00</u>	<input checked="" type="checkbox"/> <u>\$4,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Brief description: <u>2022 Honda 50</u> Line from Schedule A/B: <u>3.3</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Household furnishings</u> Line from Schedule A/B: <u>6</u>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Appliances</u> Line from Schedule A/B: <u>6</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Yard tools / hand tools</u> Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Home electronics</u> Line from Schedule A/B: <u>7</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>

Debtor 1 Michael Ray Cox Case number (if known) _____
 Debtor 2 Sarah Lacey Cox
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>sporting equip / bicycles</u> Line from Schedule A/B: <u>9</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Firearm (wife)</u> Line from Schedule A/B: <u>10</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Clothing</u> Line from Schedule A/B: <u>11</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(a)</u>
Brief description: <u>Jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(a)</u>
Brief description: <u>senior dog; cat</u> Line from Schedule A/B: <u>13</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Red Canoe Credit Union balance as of 2/21/2025</u> Savings account Acct. No.: 0000 Line from Schedule A/B: <u>17</u>	<u>\$0.17</u>	<input checked="" type="checkbox"/> <u>\$0.17</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Red Canoe Credit Union balance as of 2/21/2025</u> Checking account Acct. No.: 0200 Line from Schedule A/B: <u>17</u>	<u>\$78.20</u>	<input checked="" type="checkbox"/> <u>\$78.20</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Chase as of 2/21/2025</u> Checking account Acct. No.: 5134 Line from Schedule A/B: <u>17</u>	<u>\$725.90</u>	<input checked="" type="checkbox"/> <u>\$725.90</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: Chase as of 2/21/2025 Savings account Acct. No.: 3116	<u>\$8.10</u>	<input checked="" type="checkbox"/> <u>\$8.10</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) <u>(d)(ii)</u>
Line from Schedule A/B: <u>17</u>			
Brief description: NASA Federal Credit as of 2/21/2025 Savings account Acct. No.: 9603	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) <u>(d)(ii)</u>
Line from Schedule A/B: <u>17</u>			
Brief description: K&M2020 LLC (Real Estate Holding Company) %1 interest in net value of real estate located at: 2001 S 12th St, Tacoma, WA 98405 Tax Assessed value: \$192k Actual Value: \$450k? Private DOT from Seller, about \$280k Net approximately: \$170k. 1%= \$1,700	<u>\$1,700.00</u>	<input checked="" type="checkbox"/> <u>\$1,700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) <u>(d)(ii)</u>
Line from Schedule A/B: <u>19</u>			
Brief description: J.P. Morgan Chase #9603	<u>\$51.78</u>	<input checked="" type="checkbox"/> <u>\$51.78</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) <u>(d)(ii)</u>
Line from Schedule A/B: <u>20</u>			
Brief description: 2024 Tax Refund Federal tax	<u>\$10,441.00</u>	<input checked="" type="checkbox"/> <u>\$10,441.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) <u>(d)(ii)</u>
Line from Schedule A/B: <u>28</u>			
Brief description: VENMO - W as of 2/21/2025	<u>\$5.85</u>	<input checked="" type="checkbox"/> <u>\$5.85</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) <u>(d)(ii)</u>
Line from Schedule A/B: <u>35</u>			

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Paypal - H as of 2/21/2025</u> Line from Schedule A/B: <u>35</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>L&I wage loss ongoing / potential PPP or Pension</u> Line from Schedule A/B: <u>35</u>	<u>unknown</u>	<input checked="" type="checkbox"/> <u>unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 51.32.040</u>
Brief description: <u>Estimated back wage loss benefit from L&I - estimated</u> Line from Schedule A/B: <u>35</u>	<u>\$4,400.00</u>	<input checked="" type="checkbox"/> <u>\$4,400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 51.32.040</u>

Fill in this information to identify your case:

Debtor 1 **Michael Ray Cox**
First Name Middle Name Last Name

Debtor 2 **Sarah Lacey Cox**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western** District of **Washington**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	Evergreen Home Loans	Describe the property that secures the claim:	\$579,961.00	\$1,100,000.00	\$0.00
	Creditor's Name PO Box Box 3969 Number Street Seattle, WA 98124 City State ZIP Code	2606 16th Ave Ct SW, Puyallup, WA 2606 16th Ave Ct SW Puyallup, WA 98371			
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
	Date debt was incurred 3/1/2017	Last 4 digits of account number 7 9 5 1			

Add the dollar value of your entries in Column A on this page. Write that number here: **\$579,961.00**

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox _____

First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C	
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.2	Financial Assistance, Inc Creditor's Name Attn: Bankruptcy Attn: Bankruptcy 1130 140th Ave NE , Ste 100A Number Street Bellevue, WA 98005 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>3/1/2024</u> Last 4 digits of account number <u>9</u> <u>5</u> <u>4</u> <u>9</u> Remarks: Judgment Lien - 12/30/2024	Describe the property that secures the claim: <div>2606 16th Ave Ct SW, Puyallup, WA 2606 16th Ave Ct SW Puyallup, WA 98371</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>CollectionAttorney</u>	\$27,305.00	\$1,100,000.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$27,305.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:					

Debtor 1 Michael Ray Cox Case number (if known) _____
 Debtor 2 Sarah Lacey Cox
 First Name Middle Name Last Name

Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.3	Red Canoe Credit Union Describe the property that secures the claim: <u>\$7,074.00</u> Creditor's Name <u>2018 Chevrolet Suburban Premier</u> Attn: <u>Bankruptcy</u> PO Box <u>3020</u> Number Street <u>Longview, WA 98632</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>10/1/2019</u> Last 4 digits of account number <u>0 4 0 0</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$11,445.00</u> If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____	<u>\$7,074.00</u>	<u>\$28,000.00</u>	<u>\$0.00</u>
2.4	Red Canoe Credit Union Describe the property that secures the claim: <u>\$4,371.00</u> Creditor's Name <u>2018 Chevrolet Suburban Premier</u> Attn: <u>Bankruptcy</u> PO Box <u>3020</u> Number Street <u>Longview, WA 98632</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>1/1/2016</u> Last 4 digits of account number <u>0 2 0 0</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>CheckCreditOrLineOfCredit</u> Remarks: cross collateralized lien.	<u>\$4,371.00</u>	<u>\$28,000.00</u>	<u>\$0.00</u>

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox

First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.5</u>	WSECU Describe the property that secures the claim: <u>\$44,789.00</u> Creditor's Name <u>PO Box WSECU</u> Number <u> </u> Street <u> </u> <u>Olympia, WA 98507</u> City <u> </u> State <u> </u> ZIP Code <u> </u> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>10/1/2023</u> Last 4 digits of account number <u>0 0 0 3</u> Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$44,789.00</u> If this is the last page of your form, add the dollar value totals from all pages. Write that number here: <u>\$663,500.00</u>	<u>\$44,789.00</u>	<u>\$0.00</u>	<u>\$44,789.00</u>

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>	Case number (if known) _____
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<div>1. <u>Retacco Law Offices, Inc. P.S.</u></div> <div>Name</div> <div><u>1130 140th Ave NE Ste 100A</u></div> <div>Number Street</div> <div><u>Bellevue, WA 98005</u></div> <div>City State ZIP Code</div>	<div>On which line in Part 1 did you enter the creditor? <u>2.2</u></div> <div>Last 4 digits of account number <u>n o w n</u></div>
---	---

Fill in this information to identify your case:

Debtor 1 Michael Ray Cox
First Name Middle Name Last Name

Debtor 2 Sarah Lacey Cox
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 <u>City of Puyallup</u> Priority Creditor's Name <u>333 S. Meridian</u> Number Street <u>Puyallup, WA 98371</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Michael Ray Cox Case number (if known) _____
 Debtor 2 Sarah Lacey Cox
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount
2.2	Department of Labor & Industries Priority Creditor's Name Collections P.O. Box 44171 Number Street Olympia, WA 98504 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
2.3	Department of Revenue Priority Creditor's Name Bankruptcy/Claims 2101 4th Ave Unit #1400 Number Street Seattle, WA 98121-2300 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$47,815.62</u>	<u>unknown</u>	<u>\$47,815.62</u>

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Total claim	Priority amount	Nonpriority amount	
<u>2.4</u>	Employment Security Department Priority Creditor's Name UI Tax Admin P.O. Box 9046 Number Street Olympia, WA 98507-9046 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<u>2.5</u>	IRS Insolvency Priority Creditor's Name Po Box 21126 Number Street Philadelphia, PA 19114-0326 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Total claim	Priority amount	Nonpriority amount	
<u>2.6</u>	Pierce County Finance Priority Creditor's Name PO Box 11621 Number Street Tacoma, WA 98411 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	A.R.M. Solutions Inc.	Last 4 digits of account number	<u>6 6 6 5</u>	\$204.08
	Nonpriority Creditor's Name			
	PO Box 3666	When was the debt incurred?		
	Number Street			
	Camarillo, CA 93011	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify _____		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.2	AlaskaUSA FCU	Last 4 digits of account number	<u>0 0 0 3</u>	\$11,298.00
	Nonpriority Creditor's Name			
	Attn: Bankruptcy	When was the debt incurred?	<u>4/1/2011</u>	
	PO Box 196613	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Anchorage, AK 99519-6613	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	<u>AlaskaUSA FCU</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 196613</u> Number Street <u>Anchorage, AK 99519-6613</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 1</u> When was the debt incurred? <u>12/1/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>	<u>\$7,620.00</u>
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4.4	<u>AlaskaUSA FCU</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 196613</u> Number Street <u>Anchorage, AK 99519-6613</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6 7 6 9</u> When was the debt incurred? <u>9/1/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$5,874.00</u>
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Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	Amex	Last 4 digits of account number	<u>1</u> <u>1</u> <u>9</u> <u>3</u>	\$3,352.00
	Nonpriority Creditor's Name			
	Correspondence/Bankruptcy	When was the debt incurred?	<u>4/1/2018</u>	
	PO Box 981540	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	EI Paso, TX 79998	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input checked="" type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.6	Amex	Last 4 digits of account number	<u>3</u> <u>2</u> <u>9</u> <u>3</u>	\$2,551.00
	Nonpriority Creditor's Name			
	Correspondence/Bankruptcy	When was the debt incurred?	<u>8/1/2017</u>	
	PO Box 981540	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	EI Paso, TX 79998	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input checked="" type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	Attorney General of the United States	Last 4 digits of account number	_____	unknown
Nonpriority Creditor's Name		When was the debt incurred? _____		
U.S.				
950 Pennsylvania Avenue, NW Department of Justice		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Washington, DC 20530-0001		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.8	Barclays Bank Delaware	Last 4 digits of account number	4 0 7 8	\$13,138.00
Nonpriority Creditor's Name		When was the debt incurred? 7/1/2017		
Attn: Bankruptcy				
125 South West St		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Wilmington, DE 19801		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify CreditCard		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9 BECU Last 4 digits of account number 5 3 1 9 **\$10,632.00**

Nonpriority Creditor's Name

Attn: Bankruptcy Department

When was the debt incurred? 5/1/2023

PO Box 97050

As of the date you file, the claim is: Check all that apply.

Number Street

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Seattle, WA 98124

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Is the claim subject to offset?

- ☒ No
☐ Yes

4.10 Boeing Ecu Last 4 digits of account number 0 5 4 3 **\$10,632.00**

Nonpriority Creditor's Name

Po Box 97050

When was the debt incurred? 5/1/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Seattle, WA 98124

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	Boeing Ecu	Last 4 digits of account number	<u>0 2 9 9</u>	\$10,211.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 97050		<u>12/1/2016</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Seattle, WA 98124		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.12	Boeing Ecu	Last 4 digits of account number	<u>6 4 4 6</u>	\$9,682.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 97050		<u>12/1/2016</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Seattle, WA 98124		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Number Street Salt Lake City, UT 84130 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0</u> <u>9</u> <u>0</u> <u>8</u> When was the debt incurred? <u>8/1/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	\$18,876.00
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4.14	Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Number Street Salt Lake City, UT 84130 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7</u> <u>5</u> <u>8</u> <u>5</u> When was the debt incurred? <u>10/5/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$2,237.00
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Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	Citibank	Last 4 digits of account number	<u>1 6 4 9</u>	\$4,961.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 6190		<u>7/1/2017</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Sioux Falls, SD 57117-6190		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.16	Citibank	Last 4 digits of account number	<u>8 6 5 5</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 6190		<u>3/1/2016</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Sioux Falls, SD 57117-6190		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	Citibank/The Home Depot	Last 4 digits of account number	<u>9</u> <u>0</u> <u>8</u> <u>5</u>	\$0.00
Nonpriority Creditor's Name				
Citicorp Cr Srvs/Centralized Bankruptcy		When was the debt incurred? <u>5/1/2014</u>		
PO Box 790040		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
St Louis, MO 63179		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.18	Comenity Bank/Victoria Secret	Last 4 digits of account number	<u>0</u> <u>4</u> <u>3</u> <u>3</u>	\$0.00
Nonpriority Creditor's Name				
Attn: Bankruptcy		When was the debt incurred? <u>4/1/2016</u>		
PO Box 182125		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Columbus, OH 43218		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.19	Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 98875 Number Street Las Vegas, NV 89193 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 5 4 8</u> When was the debt incurred? <u>7/15/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$0.00
4.20	Harborstone Credit Union Nonpriority Creditor's Name PO Box 4207 Number Street Tacoma, WA 98438 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 7 2 9</u> When was the debt incurred? <u>7/1/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>	\$25,652.00

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	IRS Special Procedures Nonpriority Creditor's Name <u>915 2nd Ave</u> Number Street <u>Seattle, WA 98174</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown
4.22	Jpmcb Nonpriority Creditor's Name <u>MailCode LA4-7100 700 Kansas Lane</u> Number Street <u>Monroe, LA 71203</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6</u> <u>6</u> <u>9</u> <u>2</u> When was the debt incurred? <u>9/1/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$63,247.00

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	Jpmcb	Last 4 digits of account number	<u>3</u> <u>5</u> <u>0</u> <u>3</u>	\$34,172.00
Nonpriority Creditor's Name		When was the debt incurred?		
MailCode LA4-7100 700 Kansas Lane		<u>4/1/2018</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Monroe, LA 71203		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.24	Jpmcb	Last 4 digits of account number	<u>5</u> <u>1</u> <u>7</u> <u>1</u>	\$21,632.00
Nonpriority Creditor's Name		When was the debt incurred?		
MailCode LA4-7100 700 Kansas Lane		<u>1/12/2016</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Monroe, LA 71203		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Jpmcb Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Number Street Monroe, LA 71203 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8</u> <u>1</u> <u>2</u> <u>9</u> When was the debt incurred? <u>5/1/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$20,917.00
4.26	Jpmcb Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Number Street Monroe, LA 71203 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4</u> <u>4</u> <u>5</u> <u>3</u> When was the debt incurred? <u>11/1/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$14,246.00

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	Jpmcb Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Number Street Monroe, LA 71203 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0</u> <u>7</u> <u>8</u> <u>0</u> When was the debt incurred? <u>6/17/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$10,168.00
4.28	Jpmcb Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Number Street Monroe, LA 71203 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3</u> <u>0</u> <u>5</u> <u>8</u> When was the debt incurred? <u>8/1/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$9,298.00

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	Office of the Attorney General Nonpriority Creditor's Name Bankruptcy & Collections 800 Fifth Avenue Unit Suite 2000 Number Street Seattle, WA 98104 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown
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4.30	Purcor Pest Solutions Nonpriority Creditor's Name 2533 Inter Ave Ste D132 Number Street Puyallup, WA 98372 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown
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Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	Red Rock Pharmacy	Last 4 digits of account number	<u>2 0 0 2</u>	\$780.00
Nonpriority Creditor's Name		When was the debt incurred?		
<u>450 900 E #150</u>				
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>Salt Lake City, UT 84102</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.32	Salal Credit Union	Last 4 digits of account number	<u>0 0 0 1</u>	\$14,517.00
Nonpriority Creditor's Name		When was the debt incurred?		
<u>P O Box 19340</u>		<u>4/1/2011</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>Seattle, WA 98109</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33	Salal Credit Union	Last 4 digits of account number	<u>0 0 0 1</u>	\$12,233.00
Nonpriority Creditor's Name		When was the debt incurred?		
P O Box 19340		<u>12/1/2016</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Seattle, WA 98109		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.34	Small Business Administration	Last 4 digits of account number	<u>7 9 0 6</u>	\$500,000.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy Office of General Counsel				
409 3rd St. SW		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Washington, DC 20416		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.35	Sofi Lending Corp/MOHELA Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1022 Number Street Chesterfield, MO 75265-4158 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4 0 4 6</u> When was the debt incurred? <u>8/1/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	\$6,220.00
4.36	Sound Credit Union Nonpriority Creditor's Name Attn: Bankruptcy 1331 Broadway Ste 100 Number Street Tacoma, WA 98402 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 1</u> When was the debt incurred? <u>12/1/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>	\$11,746.00

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37	Sound Credit Union	Last 4 digits of account number	<u>0 8 0 0</u>	\$10,571.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		<u>12/1/2010</u>		
1331 Broadway Ste 100		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Tacoma, WA 98402		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.38	Sound Credit Union	Last 4 digits of account number	<u>0 0 0 3</u>	\$5,725.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		<u>5/1/2011</u>		
1331 Broadway Ste 100		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Tacoma, WA 98402		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.39	Sound Credit Union Visa Nonpriority Creditor's Name Attn: Bankruptcy 1331 Broadway Ste 100 Number Street Tacoma, WA 98402 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 4 8 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Credit Card</u>	\$10,671.16
4.40	Syncb/Paypal Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Number Street Orlando, FL 32896-5060 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 8 3 0</u> When was the debt incurred? <u>5/1/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	\$521.00

Debtor 1 Michael Ray Cox Case number (if known) _____
 Debtor 2 Sarah Lacey Cox
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 71783 Number Street Philadelphia, PA 19176-1783 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 0 1 4</u> When was the debt incurred? <u>10/1/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$12,875.00
4.42	Synchrony/PayPal Credit Nonpriority Creditor's Name FL 32896 Attn: Bankruptcy Orlando, PO Box 965060 Number Street City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4 5 0 2</u> When was the debt incurred? <u>9/1/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$1,092.00

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.43	Wendy E Retacco Nonpriority Creditor's Name 1130 140th Ave NE Suite 100 A Number Street Bellevue, WA 98005 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Collection	Last 4 digits of account number <u>7 3 9 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown
4.44	WSECU Nonpriority Creditor's Name PO Box WSECU Number Street Olympia, WA 98507 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 1</u> When was the debt incurred? <u>3/1/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>	\$19,529.00

Debtor 1 Michael Ray Cox Case number (if known) _____
Debtor 2 Sarah Lacey Cox
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45	WSECU	Last 4 digits of account number	<u>0 0 0 2</u>	\$4,582.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box WSECU		<u>12/1/2016</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>Olympia, WA 98507</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.46	WSECU	Last 4 digits of account number	<u>0 0 0 9</u>	\$2,580.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box WSECU		<u>3/1/2012</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>98507</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>DepositRelated</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.47 WSECU Last 4 digits of account number 0 1 0 2 \$1,272.00

Nonpriority Creditor's Name

PO Box WSECU

When was the debt incurred? 11/1/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Olympia, WA 98507

☐ Contingent

City State ZIP Code

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Unsecured

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Michael Ray Cox Case number (if known) _____

Debtor 2 Sarah Lacey Cox

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Sentry Credit On which entry in Part 1 or Part 2 did you list the original creditor?

Name Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

2809 Grand Ave ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number Street Last 4 digits of account number 4 2 0 6

Everett, WA 98201

City State ZIP Code

2. Real Time Resolutions On which entry in Part 1 or Part 2 did you list the original creditor?

Name Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

PO Box 36655 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number Street Last 4 digits of account number 3 6 5 6

Dallas, TX 75235

City State ZIP Code

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>	Case number (if known) _____
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. <u>\$0.00</u>
	6b.	Taxes and certain other debts you owe the government	6b. <u>\$47,815.62</u>
	6c.	Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e.	Total. Add lines 6a through 6d.	6e. <u>\$47,815.62</u>
			Total claim
Total claims from Part 2	6f.	Student loans	6f. <u>\$0.00</u>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$925,514.24</u>
	6j.	Total. Add lines 6f through 6i.	6j. <u>\$925,514.24</u>

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number	<u></u>		
(if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	
2.2	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	
2.3	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	
2.4	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Washington</u>			
Case number	<u></u>		
(if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☐ Employed ☒ Not Employed

☐ Employed ☒ Not Employed

Number Street

Number Street

City State Zip Code

City State Zip Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$0.00 \$0.00

3. **Estimate and list monthly overtime pay.**

3. + \$0.00 + \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$0.00 \$0.00

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$0.00	\$0.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify:	5h. +	\$0.00	+	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: EBT - SNAP	8f.	\$1,400.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: L&I Wage Loss	8h. +	\$7,482.00	+	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$8,882.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$8,882.00	+	\$0.00 = \$8,882.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$8,882.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: The wife anticipates becoming employed sometime in the next 12 months.				

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

5

☐ No. ☒ Yes.

Child

7

☐ No. ☒ Yes.

Child

9

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$4,415.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$0.00

Debtor 1
Debtor 2

**Michael
Sarah**

First Name

**Ray
Lacey**

Middle Name

**Cox
Cox**

Last Name

Case number (if known) _____

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$600.00
6b. Water, sewer, garbage collection	6b.	\$250.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$325.00
6d. Other. Specify: _____	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$2,400.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$0.00
10. Personal care products and services	10.	\$0.00
11. Medical and dental expenses	11.	\$0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$600.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$233.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 <u>2018 Chevrolet Suburban Premier</u>	17a.	\$729.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify: _____	17c.	\$0.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1
Debtor 2

Michael
Sarah

First Name

Ray
Lacey

Middle Name

Cox
Cox

Last Name

Case number (if known) _____

21. **Other.** Specify: **Pet Care**

21. + **\$200.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. **\$9,752.00**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. **\$0.00**

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$9,752.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. **\$8,882.00**

23b. Copy your monthly expenses from line 22c above.

23b. **– \$9,752.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **(\$870.00)**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

		Amount
6c. Telephone, cell phone, Internet, satellite, and cable services		
Cell Phone		\$225.00
Internet		\$100.00

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$1,100,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$58,011.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$1,158,011.00</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$663,500.00</u>
---	---------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$47,815.62</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+ \$925,514.24</u>

Your total liabilities

\$1,636,829.86

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$8,882.00</u>
---	-------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$9,752.00</u>
---	-------------------

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$6,585.07

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$47,815.62
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$47,815.62

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Michael R Cox

Michael Ray Cox, Debtor 1

X Sarah Cox

Sarah Lacey Cox, Debtor 2

Date 02/24/2025
MM/ DD/ YYYY

Date 02/24/2025
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number Street	From To	Number Street	From To
City State ZIP Code		City State ZIP Code	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number Street	From To	Number Street	From To
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Cox
Cox

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$19,576.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$131,000.00</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$36,000.00</u>

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Disability	\$18,810.51		
For last calendar year: (January 1 to December 31, 2024) YYYY	Disability	\$58,473.00		
For the calendar year before that: (January 1 to December 31, 2023) YYYY				

Debtor 1 **Michael** **Ray** **Cox**
Debtor 2 **Sarah** **Lacey** **Cox**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1	Michael	Ray	Cox	Case number (if known) _____
Debtor 2	Sarah	Lacey	Cox	
	First Name	Middle Name	Last Name	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title Financial Assistance Inc vs Michael R. Cox Case number 757391	Judgment - moved to Superior Court	Pierce County District Court Court Name 930 Tacoma Ave S Number Street Tacoma, WA 98402-2105 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title Labor and Industries Claim Case number AX81094	Disability Claim	Department of Labor & Industries Court Name Collections P.O. Box 44171 Number Street Olympia, WA 98504-4171 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	Michael	Ray	Cox	Case number (if known) _____
Debtor 2	Sarah	Lacey	Cox	
	First Name	Middle Name	Last Name	

_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code	<table border="1"> <thead> <tr> <th>Describe the property</th> <th>Date</th> <th>Value of the property</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Explain what happened</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. </td> </tr> </tbody> </table>	Describe the property	Date	Value of the property				Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.
Describe the property	Date	Value of the property							
Explain what happened									
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.									

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

_____ Creditor's Name _____ Number Street _____ City State ZIP Code	<table border="1"> <thead> <tr> <th>Describe the action the creditor took</th> <th>Date action was taken</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

City State ZIP Code Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Michael** **Ray** **Cox**
Debtor 2 **Sarah** **Lacey** **Cox**
First Name Middle Name Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Michael** **Ray** **Cox**
 Debtor 2 **Sarah** **Lacey** **Cox**
 First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Office of Mark McClure, PS Person Who Was Paid 1103 W Meeker St 101 Number Street Kent, WA 98032 City State ZIP Code Email or website address Person Who Made the Payment, if Not You	Attorney's Fee	\$5,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
- ☒ Yes. Fill in the details.

Debtor 1 **Michael** **Ray** **Cox**
Debtor 2 **Sarah** **Lacey** **Cox**
First Name Middle Name Last Name Case number (if known) _____

Danielle Wilcher

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

**Wife of co-owner/member of
K&M 2020 LLC**

Description and value of property
transferred

**49% Interest in K&M 2020 LLC
(retaining 1%).**

Describe any property or payments
received or debts paid in exchange

Received \$49,000.

Date transfer was
made

12/2023

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was
made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☒ Yes. Fill in the details.

Last 4 digits of account number

Type of account or
instrument

Date account was
closed, sold, moved, or
transferred

Last balance
before closing or
transfer

WSECU

Name of Financial Institution

XXXX- 4 - 0 9

☒ Checking

07/31/2024

(\$2,580.14)

PO Box WSECU

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Olympia, WA 98507

City State ZIP Code

Debtor 1	Michael	Ray	Cox	
Debtor 2	Sarah	Lacey	Cox	
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	

Case number (if known) _____

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Sound Credit Union Name of Financial Institution <hr/> PO Box 1595 Number Street <hr/> Tacoma, WA 98401 City State ZIP Code	XXXX- <u>7</u> <u>7</u> <u>9</u> <u>4</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>04/02/2024</u>	<u>\$22.74</u>
Global Federal Credit Union Name of Financial Institution <hr/> PO Box 196613 Number Street <hr/> Anchorage, AK 99519 City State ZIP Code	XXXX- <u>6</u> - <u>1</u> <u>0</u>	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>12/2024?</u>	<u>\$0.00</u>
Global Federal Credit Union Name of Financial Institution <hr/> PO Box 196613 Number Street <hr/> Anchorage, AK 99519 City State ZIP Code	XXXX- ____ ____ ____ ____	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>12/2024?</u>	<u>\$0.00</u>
Harborstone Credit Union Name of Financial Institution <hr/> Number Street <hr/> City State ZIP Code	XXXX- <u>3</u> <u>0</u> <u>1</u> <u>2</u>	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2/2024</u>	_____
Harborstone Credit Union Name of Financial Institution <hr/> Number Street <hr/> City State ZIP Code	XXXX- <u>1</u> <u>0</u> <u>1</u> <u>6</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2/2024</u>	<u>\$0.00</u>

Debtor 1 **Michael** **Ray** **Cox**
Debtor 2 **Sarah** **Lacey** **Cox**
First Name Middle Name Last Name

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
Name of Financial Institution _____ Name			<input type="checkbox"/> No
Number Street _____ Number Street			<input type="checkbox"/> Yes
City State ZIP Code _____ City State ZIP Code			
City State ZIP Code _____ City State ZIP Code			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ Name			<input type="checkbox"/> No
Number Street _____ Number Street			<input type="checkbox"/> Yes
City State ZIP Code _____ City State ZIP Code			
City State ZIP Code _____ City State ZIP Code			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Cox
Cox

Case number (if known) _____

First Name

Middle Name

Last Name

Where is the property?		Describe the property	Value
Owner's Name	Number Street		
Number Street			
	City State ZIP Code		
City State ZIP Code			

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

			Governmental unit	Environmental law, if you know it	Date of notice
Name of site			Governmental unit		
Number	Street		Number Street		
			City State ZIP Code		
City State ZIP Code					

25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Debtor 1	Michael	Ray	Cox	
Debtor 2	Sarah	Lacey	Cox	
	First Name	Middle Name	Last Name	Case number (if known) _____

		Governmental unit	Environmental law, if you know it	Date of notice	
Name of site _____		Governmental unit _____		_____	
Number _____	Street _____	Number _____			Street _____
City _____		State _____			ZIP Code _____
City _____	State _____	ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

		Court or agency	Nature of the case	Status of the case
Case title _____		Court Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Number _____ Street _____				
Case number _____	City _____	State _____	ZIP Code _____	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☒ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

BAMS12 Enterprise Inc. Name _____ _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Auto Sales	EIN: <u>8</u> <u>4</u> - <u>2</u> <u>4</u> <u>4</u> <u>9</u> <u>0</u> <u>1</u> <u>4</u>
	Name of accountant or bookkeeper	Dates business existed
		From <u>08/02/2019</u> To _____

Debtor 1	Michael	Ray	Cox	
Debtor 2	Sarah	Lacey	Cox	
	First Name	Middle Name	Last Name	Case number (if known) _____

K&M 2020 LLC Name _____ _____ _____ Number Street _____ _____ City State ZIP Code	Describe the nature of the business _____ _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>8</u> <u>5</u> - <u>1</u> <u>0</u> <u>8</u> <u>3</u> <u>8</u> <u>2</u> <u>3</u>
	Name of accountant or bookkeeper _____ _____ _____	Dates business existed From <u>05/18/2020</u> To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

	Date issued
_____ Name _____ _____ Number Street _____ _____ City State ZIP Code	_____ MM / DD / YYYY

Debtor 1	Michael	Ray	Cox	Case number (if known) _____
Debtor 2	Sarah	Lacey	Cox	
	First Name	Middle Name	Last Name	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Michael R Cox
Signature of Michael Ray Cox, Debtor 1

X Sarah Cox
Signature of Sarah Lacey Cox, Debtor 2

Date 02/24/2025

Date 02/24/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Ray</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Lacey</u>	<u>Cox</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Evergreen Home Loans</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>2606 16th Ave Ct SW, Puyallup, WA 2606 16th Ave Ct SW Puyallup, WA 98371</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <u>WSECU</u>	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt:	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]:	

Debtor 1
Debtor 2

Michael
Sarah

First Name

Ray
Lacey

Middle Name

Cox
Cox

Last Name

Case number (if known) _____

Additional Page for Part 1

Creditor's
name:

Financial Assistance, Inc

Description of
property
securing debt:

**2606 16th Ave Ct SW, Puyallup, WA
2606 16th Ave Ct SW Puyallup, WA 98371**

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a
Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ No

☒ Yes

Creditor's
name:

Red Canoe Credit Union

Description of
property
securing debt:

2018 Chevrolet Suburban Premier

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a
Reaffirmation Agreement.

☒ Retain the property and [explain]:
maintain payments

☐ No

☒ Yes

Creditor's
name:

Red Canoe Credit Union

Description of
property
securing debt:

2018 Chevrolet Suburban Premier

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a
Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ No

☒ Yes

Debtor 1
Debtor 2

Michael
Sarah

First Name

Ray
Lacey

Middle Name

Cox
Cox

Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Lessor's name:

☐ No

Description of leased
property:

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X *Michael R Cox*

Signature of Debtor 1

X *Sarah Cox*

Signature of Debtor 2

Date **02/24/2025**

MM/ DD/ YYYY

Date **02/24/2025**

MM/ DD/ YYYY

United States Bankruptcy Court
Western District of Washington

In re Cox, Michael Ray

Cox, Sarah Lacey

Case No. _____

Debtor

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$5,000.00**

Prior to the filing of this statement I have received **\$5,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/24/2025

Date

/s/ Mark Charles McClure

Mark Charles McClure

Signature of Attorney

Bar Number: 24393

Law Office of Mark McClure, PS

1103 W Meeker St 101

Kent, WA 98032

Phone: (253) 631-6484

Law Office of Mark McClure, PS

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON
TACOMA DIVISION

IN RE: Cox, Michael Ray
Cox, Sarah Lacey

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 02/24/2025 Signature *Michael R Cox*
Michael Ray Cox, Debtor

Date 02/24/2025 Signature *Sarah Cox*
Sarah Lacey Cox, Joint Debtor

A.R.M. Solutions Inc.

PO Box 3666
Camarillo, CA 93011

AlaskaUSA FCU

Attn: Bankruptcy
PO Box 196613
Anchorage, AK 99519-6613

Amex

Correspondence/Bankruptcy
PO Box 981540
El Paso, TX 79998

**Attorney General of the
United States**

U.S.
950 Pennsylvania Avenue, NW
Department of Justice
Washington, DC 20530-0001

Bank of America

Attn: Bankruptcy
Po Box 15220
Wilmington, DE 19886-5220

Barclays Bank Delaware

Attn: Bankruptcy
125 South West St
Wilmington, DE 19801

BECU

Attn: Bankruptcy Department
PO Box 97050
Seattle, WA 98124

Boeing Ecu

Po Box 97050
Seattle, WA 98124

Capital One

Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130

Capitalone

Po Box 31293
Salt Lake City, UT 84131

Citibank

Po Box 6190
Sioux Falls, SD 57117-6190

Citibank/ The Home Depot

Citicorp Cr Srvs/Centralized Bankruptcy
PO Box 790040
St Louis, MO 63179

City of Puyallup

333 S. Meridian
Puyallup, WA 98371

**Comenity Bank/ Victoria
Secret**

Attn: Bankruptcy
PO Box 182125
Columbus, OH 43218

Credit One Bank

Attn: Bankruptcy Department
PO Box 98875
Las Vegas, NV 89193

**Department of Labor &
Industries**

Collections
P.O. Box 44171
Olympia, WA 98504

Department of Revenue

Bankruptcy/Claims
2101 4th Ave Unit #1400
Seattle, WA 98121-2300

Discover Financial

Attn: Bankruptcy
PO Box 3025
New Albany, OH 43054

Elan Fin Svcs/ fulton

Cb Disputes
Saint Louis, MO 63166

**Employment Security
Department**

UI Tax Admin
P.O. Box 9046
Olympia, WA 98507-9046

Evergreen Home Loans

PO Box Box 3969
Seattle, WA 98124

Evrgreen Mtg

Po Box 77404
Ewing, NJ 08628

Financial Assistance, Inc

Attn: Bankruptcy Attn: Bankruptcy
1130 140th Ave NE , Ste 100A
Bellevue, WA 98005

Fst Premier

3820 N Louise Ave
Sioux Falls, SD 57107

Guild Mortgage Company

Attn: Bankruptcy Attn: Bankruptcy
5887 Copely Dr , Fl 1
San Diego, CA 92111

Harborstone Credit Union

PO Box 4207
Tacoma, WA 98438

IRS Insolvency

Po Box 21126
Philadelphia, PA 19114-0326

IRS Special Procedures

915 2nd Ave
Seattle, WA 98174

Jpmcb

MailCode LA4-7100 700 Kansas Lane
Monroe, LA 71203

Kohl's

Attn: Credit Administrator
PO Box 3043
Milwaukee, WI 53201-3043

Lending Club

Attn: Bankruptcy 595 Market st
San Francisco, CA 94105

Macy's/ DSNB

Atytn: Bankruptcy 701 E. 60th Street
North
Sioux Falls, SD 57104

Merrick Bank/ Card Works

Attn: Bankruptcy
P.O. Box 5000
Draper, UT 84020-5000

Navient

Attn: Bankruptcy
PO Box 9500
Wilkes Barre, PA 18773

Nordstrom FSB

ATTN: Bankruptcy
PO Box 6555
Englewood, CO 80155

Office of the Attorney General

Bankruptcy & Collections
800 Fifth Avenue Unit Suite 2000
Seattle, WA 98104

Pierce County Finance

PO Box 11621
Tacoma, WA 98411

Purcor Pest Solutions

2533 Inter Ave Ste D132
Puyallup, WA 98372

Real Time Resolutions

PO Box 36655
Dallas, TX 75235

Red Canoe Credit Union

Attn: Bankruptcy
PO Box 3020
Longview, WA 98632

Red Rock Pharmacy

450 900 E # 150
Salt Lake City, UT 84102

Retacco Law Offices, Inc. P.S.

1130 140th Ave NE Ste 100A
Bellevue, WA 98005

Salal Credit Union

P O Box 19340
Seattle, WA 98109

Sentry Credit

2809 Grand Ave
Everett, WA 98201

**Small Business
Administration**

Attn: Bankruptcy
Office of General Counsel
409 3rd St. SW
Washington, DC 20416

Sofi Lending Corp/ MOHELA

Attn: Bankruptcy
PO Box 1022
Chesterfield, MO 75265-4158

Sound Credit Union

Attn: Bankruptcy
1331 Broadway Ste 100
Tacoma, WA 98402

Sound Credit Union Visa

Attn: Bankruptcy
1331 Broadway Ste 100
Tacoma, WA 98402

Syncb/ Paypal

Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank

Attn: Bankruptcy
Po Box 71783
Philadelphia, PA 19176-1783

Synchrony Bank/ Amazon

Po Box 71737
Philadelphia, PA 19176

Synchrony Bank/ Lowes

Attn: Bankruptcy Dept.
Po Box 71727
Philadelphia, PA 19176

**Synchrony Bank/ Select
Comfort**

Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Synchrony/ PayPal Credit

FL 32896
Attn: Bankruptcy
Orlando,
PO Box 965060

**TD REtail Card/ Mor Furniture
For Less**

Attn: Bankruptcy
PO Box 100114
Columbia, SC 29202-3114

**Walmart Credit
Services/ Capital One**

Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Wash State Empl Cred U

Po Box Wsecu
Olympia, WA 98507

**Wells Fargo/ Mor Furniture
For Less**

Attn: Bankruptcy
PO Box 393
Minneapolis, MN 55480-0393

Wendy E Retacco

1130 140th Ave NE Suite 100 A
Bellevue, WA 98005

Whtrvrcu

P.o. Box 35
Enumclaw, WA 98022

WSECU

PO Box WSECU
Olympia, WA 98507

WSECU

PO Box WSECU
98507